

MODULE 5: MATCHING STRENGTH AND NEEDS TO SERVICES

TIME: 50 Minutes

PURPOSE:

Module 5 provides participants with an opportunity to practice matching individual and families' strengths and needs to appropriate covered services.

LEARNING OBJECTIVE:

Upon completion of this module, participants will be able to:

- Link individual and families' strengths and needs to appropriate covered services through practice

MODULE AGENDA:

A. Purpose and Learning Objective of Module 5	1 Minute
B. Learning Activity	34 Minutes
C. Summary Discussion	10 Minutes
D. Post-Test	5 Minutes

TRANSPARENCIES :

None

HANDOUTS:

H-5.1: Rules of Learning Activity
H-5.2: Case Study Update
H-5.3: Post-Test

PREPARED NEWSPRINT:

- Scoreboard

ADDITIONAL SUPPLIES :

None

1 Minute**A. PURPOSE AND LEARNING OBJECTIVE OF MODULE 5**

Facilitator should spend a few minutes discussing the module cover sheet and reviewing the purpose and learning objectives of Module 5.

34 Minutes**B. LEARNING ACTIVITY****H-5.1****H-5.2**

The Facilitator should handout H-5.1: *Rules of the Learning Activity* and introduce the game by explaining the following rules:

- The exercise is similar to the Family Feud game.
- The exercise will use the clinical scenario that the participants have been working on in Module 2. This scenario will serve as the content upon which the game is based.
- The game consists of 4 rounds: the first round will be used to identify the top 4 appropriate covered services used to address the needs of the individual. Before the second round begins, the Facilitator should hand out H-5.2: *Case Study Update* to participants. During the second round, the participants will then identify the top 2 new needs after re-assessing the individual's updated situation. During the third round, the participants will then identify the top 2 new strengths after re-assessing the individual's updated situation. During the fourth round, the participants will then identify the top 2 new services after re-assessing the individual's updated situation.
- If a team fails to identify all predetermined needs/strengths/services before getting 2 strikes, the opposing team will have the opportunity to steal the points from the first team by identifying a remaining need, strength or service.
- Each correct response is worth 1 point and scores should be recorded on the prepared newsprint *Scoreboard*. The team with the most points at the end of the fourth round will win.

**Scoreboard****C. SUMMARY DISCUSSION****10 Minutes**

The Facilitator should conclude the game by noting that identifying needs, strengths and services is the first step toward the delivery of support services. The next step is arranging a referral for the needed services. This referral is only successful when the individual actually receives the identified service.

D. POST-TEST**5**

The Facilitator should then distribute H-5.3: *Post-Test* and ask each participant to spend 5 minutes independently identifying needs and strengths. After completing this exercise, they should compare the results of the Post-Test with the results of the Pre-Test completed in Module 1.

H-5.3**T-5.1: PURPOSE AND LEARNING OBJECTIVES OF MODULE 5****Purpose**

Module 5 provides participants with an overview of the covered services project (CSP) in preparation for a role-play activity designed to provide key information about the covered services. Specifically, this module will cover the goals and features of the project, its history, and highlight key services.

Learning Objectives

Upon completion of this module, participants will be able to:

- Discuss the purpose and goals of the project;
- Understand the history and rationale for the covered services project;
- Identify the major features of the CSP; and
- Describe the highlighted services.



T-5.2: Purpose of Covered Services Project

The ADHS/DBHS has developed a comprehensive array of covered behavioral health services that will assist, support, and encourage each eligible person to achieve and maintain the highest possible level of health and self-sufficiency. The goals that influenced how covered services were developed included:

- Developing and aligning services to support a person-family-centered service delivery model;
- Increasing provider flexibility to meet better individual/family needs;
- Dispelling service myths and eliminating barriers to service;
- Recognizing and including support services provided by non-licensed individuals and agencies;
- Streamlining service codes and incorporating, where feasible, proposed HIPAA codes; and
- Maximizing use of Title XIX/XXI funds.

T-5.3: Project History



The following gives some insight into the history of the Covered Services Project:

- For many years, ADHS received requests to review and expand its array of covered services. Beginning in November 2000, ADHS conducted such a review using stakeholder interviews and research to determine the services covered in other States, as well as the services that can be reimbursed through Title XIX and Title XXI.
- Following this review, ADHS redefined current services and added new services to its array.
- To provide information about these changes, ADHS developed a comprehensive Covered Services Guide and other supporting documents. These documents were reviewed by stakeholders and revised in accord with their suggested changes.
- DHS then conducted training about the system, and the CSP was implemented in October 2001.

T-5.4: KEY ELEMENTS OF COVERED SERVICES

- Some of the key elements of the CSP are to maintain a comprehensive array of behavioral health covered services that will achieve health and self-sufficiency, provide services and supports to family members, and collaborate with other agencies to coordinate services.
- In addition, these services are intended to be responsive to each person's needs, be accessible, flexible, and cost-effective.
- ADHS/DBHS has organized its array of covered behavioral health services into a continuum of service domains for the purpose of promoting clarity of understanding through the consistent use of common terms that reach across populations. Within each domain are specific services. The individual domains are: Treatment Services;
 - ▶ Rehabilitation Services;
 - ▶ Medical Services;
 - ▶ Support Services;
 - ▶ Crisis Intervention Services;
 - ▶ Inpatient Services;
 - ▶ Residential Services;
 - ▶ Behavioral Health Day Programs; and
 - ▶ Prevention Services.
- One of the main features of the CSP is that it strives to provide behavioral health services to family members as well as to the person seeking services. For example, family members may need help with parenting skills, education regarding the nature and management of the addiction or mental health disorder, or relief from care giving.
- Many of the services available through the CSP can be provided to family members as long as the person's treatment record reflects that the provision of these services is aimed at accomplishing the service plan goals (they show a direct, positive effect on the individual).
- Furthermore, the persons themselves do not have to be present when the services are being provided to family members.
- For purposes of service coverage and this guide, family is defined as "The primary care giving unit and is inclusive of the wide diversity of primary care giving units in our culture. Family is a biological, adoptive or self-created unit of people residing together consisting of adults(s) and/or child(ren) with adult(s) performing duties of parenthood for the child(ren). Persons within this unit share bonds, culture, practices and a significant relationship. Biological parents, siblings and others with significant attachment to the individual living outside the home are included in the definition of family."

H-5.1: SUMMARY OF HIGHLIGHTED COVERED SERVICES

A. Treatment Services

- Treatment Services are provided by or under the supervision of behavioral health professionals to reduce symptoms and improve or maintain functioning. These services have been further grouped into the following three subcategories: counseling; consultation, assessment and specialized testing; and other professional.
- One of the highlighted services in the category of consultation, assessment and specialized testing is **supported employment assessment**.
- Supported employment assessment can be defined as an assessment of a person that results in a written summary report that includes the identification of services needed to support employment for the person.
- The provider qualifications for this new service include a certified rehabilitation counselor/vocational evaluation who are associated with community service agencies or outpatient clinics.
- Within the broader category of treatment services a few other services have been redefined or added. These include: comprehensive and general assessment, screening, and auricular acupuncture.
- Auricular acupuncture is applied by a certified acupuncturist practitioner to specific areas of the body to treat alcoholism, substance abuse, or chemical dependency.

B. Rehabilitation Services

- Rehabilitation services include the provision of education, coaching, training, demonstration and other services including securing and maintaining employment to remediate residual or prevent anticipated functional deficits. These services have been grouped into a few subcategories, including living skills training, cognitive rehabilitation, health promotion, and supported employment.

- One of the highlighted services in CSP is **living skills training**.
- Living skills training involves teaching independent living, social and communication skills to persons and/or their families in order to maximize the person's ability to live and participate in the community and to function independently.
- Examples of areas that may be addressed include: self-care, household management, social decorum, same- and opposite-sex friendships, avoidance of exploitation, budgeting, recreation, development of social support networks, and use of community resources.
- Services may be provided to a person, a group of persons, or their families with the person(s) present.
- Living skills training services must be provided by individuals who are qualified behavioral health professionals, behavioral health technicians, or behavioral health paraprofessionals. This may also include LPNs who have training in providing living skills training as required by the person's service plan.
- Another highlighted service is **health promotion**.
- Health promotion can be defined as education and training provided to a group of persons and/or their families related to the enrolled person's treatment plan on health-related topics, such as the nature of illness, relapse and symptom management, medication management, stress management, safe sex practices, HIV education, and healthy lifestyles.
- Health promotion services may be provided by individuals who are qualified behavioral health professionals or behavioral health technicians or who are educators or subject matter experts. This may also include other medical personnel, such as LPNs or RNs who are not allowed to bill independently using CPT codes. All individual providers must be appropriately certified/trained in the area in which they are providing training.
- Supported Employment Services are designed to assist a person or group to choose, acquire and maintain a job or other community activity, such as volunteer work.
- There are two other highlighted services under the category of supported employment

services: **pre-job training, education and development** and **job coaching and employment support**.

- Pre-job training, education and development include services that prepare a person to engage in meaningful work-related activities. These may include:
 - ▶ Career/educational counseling;
 - ▶ Job shadowing;
 - ▶ Assistance in the use of educational resources;
 - ▶ Training in resume preparation;
 - ▶ Job interview skills;
 - ▶ Study skills;
 - ▶ Work activities;
 - ▶ Professional decorum and dress;
 - ▶ Time management; and
 - ▶ Assistance in finding employment.
- Job coaching and employment support includes support services that enable a person to complete job training or maintain employment. These could include:
 - ▶ Monitoring and supervision;
 - ▶ Assistance in performing job tasks;
 - ▶ Work-adjustment training; and
 - ▶ Supportive counseling.

C. Support Services

Support Services are provided to facilitate the delivery of or enhance the benefit received from other behavioral health services. These services have been grouped into the following subcategories: case management, personal assistance, family support, peer support, and therapeutic foster care services.

- **Case Management:** This is a group of supportive services that is provided to enhance treatment goals and effectiveness. Such activities may include but are not limited to the following:
 - ▶ Assistance in maintaining, monitoring and modifying covered services;
 - ▶ Brief telephone or face-to-face interactions with a person, family or

- other involved party for the purpose of maintaining or enhancing a person's functioning;
- ▶ Assistance in finding necessary resources other than covered services to meet basic needs;
- ▶ Communication and coordination of care with the person's family, behavioral and general medical and dental health providers, community resources, and other involved supports including educational, social, judicial, community and other State agencies;
- ▶ Coordination of care activities related to the continuity of care between levels of care (e.g., inpatient to outpatient care) and across multiple services (e.g., personal assistant, nursing services and family counseling);
- ▶ Outreach and follow-up of crisis contacts and missed appointments;
- ▶ Participation in staffing, case conferences or other meetings with or without the person or his/her family participating; and
- ▶ Other activities as needed.

Case Management **does not** include the following:

- ▶ Creating the service plan document (primary responsibility of the assigned clinician);
- ▶ Administrative functions such as authorization of services and utilization review; and
- ▶ Other covered services listed in the *ADHS/DBHS Covered Services Guide*.

In addition to case management services provided in the provider's work site, these services can also be provided at a person's home, or in other out-of-office settings.

- **Personal Assistance services** involve the provision of support activities to assist a person in carrying out daily living tasks and other activities essential for living in a community. These services are provided to maintain or increase the self-efficiency of the person. These services may include but are not limited to:
 - ▶ Homemaking assistance (e.g. cleaning, food preparation, essential errands);
 - ▶ Personal care (e.g. bathing, dressing, oral hygiene); and

- ▶ General supervision and appropriate intervention (e.g., assistance with self-administration of medications, and monitoring of individuals condition and functioning level).

These services may involve hands-on assistance, such as performing the task for the person or cueing the person to perform the task.

- **Family Support services** involve face-to face interaction with family member(s) directed toward restoration, enhancement or maintenance of the family functioning to increase the family's ability to effectively interact and care for the person in the home and community. Support activities may include assistance to families to:
 - ▶ Adjust to the persons disability;
 - ▶ Develop skills to effectively interact and/or manage the person;
 - ▶ Understand the causes and treatment of behavioral health issues;
 - ▶ Understand and effectively utilizing the system; or
 - ▶ Conduct long term planning for the person and the family.
- **Peer Support services** are provided by persons or family members who are or have been consumers of the behavioral health system. These services may involve:
 - ▶ Assistance with more effectively utilizing the service delivery system, (e.g., identifying needs, accessing supports, partnering with professionals, overcoming service barriers);
 - ▶ Understanding and coping with the stressors of the person's disability (e.g., support groups);
 - ▶ Coaching; or
 - ▶ Role modeling and mentoring

Peer support services are intended for enrolled persons and/or their families who require greater structure and intensity of services than those available through community-based recovery fellowship groups and who are not yet ready for independent access to community-based recovery groups, such as AA, NA, and Dual Recovery. These services may be provided to a person, group or family.

- **Therapeutic foster care services** are provided by a foster parent/family to a person residing in their home in order to implement the in-home portion of the person's behavioral health services plan assisting and supporting a person in achieving his/her service plan goals and objectives. These services include supervision and the provision of

behavioral health support services including:

- ▶ Personal assistance (especially prescribed behavioral interventions);
- ▶ Living skills training;
- ▶ Transportation of the person when necessary to activities such as therapy and visitations; and/or
- ▶ Participation in treatment and discharge planning.

D. Behavioral Health Day Programs

Behavioral health day program services are scheduled on a regular basis either on an hourly, half day or full day basis and may include services such as therapeutic nursery, in-home stabilization, after school programs, and specialized outpatient substance abuse programs. These programs can be provided to a person, group of persons and/or families in a variety of settings, such as a person's home, a behavioral health, or other community services agency (supervised day program only).

Depending on the level and type of staffing necessary, day programs can be grouped into three subcategories: Supervised Day Programs, Therapeutic Day Programs, and Medical Day Programs.

- **Supervised Day Program:** These programs are regularly scheduled programs of individual, group and/or family activities/services related to the enrolled person's treatment plan designed to improve the ability of the person to function in the community and may include the following services:
 - ▶ Living skills training;
 - ▶ Health promotion;
 - ▶ Supported employment; and
 - ▶ Peer support.
- **Therapeutic Day Program:** These programs are regularly scheduled programs of active treatment modalities, which may include any of the following services:
 - ▶ Individual, group and/or family therapy;
 - ▶ Living skills training;
 - ▶ Health promotion;
 - ▶ Supported employment;

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- ▶ Family support;
 - ▶ Medication monitoring;
 - ▶ Case management;
 - ▶ Peer support; and/or
 - ▶ Medical monitoring.
- **Medical Day Program:** Medical Day Programs are a regularly scheduled program of active treatment modalities, including medical interventions in a group setting. These may include:
 - ▶ Individual, group, and/or family counseling?
 - ▶ Living skills training? ?
 - ▶ Health promotion;
 - ▶ Supported employment;
 - ▶ Medication monitoring;
 - ▶ Family support;
 - ▶ Case management;
 - ▶ Nursing services such as medication monitoring, methadone administration, and medical/nursing assessments.